

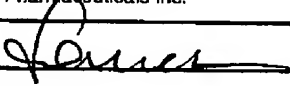
PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/713,566
	Filing Date	11/14/2003
	First Named Inventor	Yong-Qian Wu
	Art Unit	1626
	Examiner Name	Desai
	Attorney Docket Number	3004-A
Total Number of Pages in This Submission		4

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Guilford Pharmaceuticals Inc.		
Signature			
Printed name	Hansjorg Sauer		
Date	April 11, 2005	Reg. No.	50,269

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Duane Hylton	Date	April 11, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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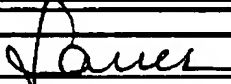
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/713,566
		Filing Date	November 14, 2003
		First Named Inventor	Yong-Qian Wu
		Examiner Name	Desai
		Art Unit	1626
TOTAL AMOUNT OF PAYMENT (\$)		225.00	
		Attorney Docket No.	3004-A

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>502037</u> Deposit Account Name: <u>Guilford Pharmaceuticals</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2035.	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description						Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims						Multiple Dependent Claims	
Extra Claims						Fee (\$)	Fee Paid (\$)
- 20 or HP = _____ x _____ = _____							
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims						Fee (\$)	Fee Paid (\$)
Extra Claims						Fee (\$)	Fee Paid (\$)
- 3 or HP = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)
_____ - 100 = _____		_____ / 50 = _____		(round up to a whole number) x _____		= _____	_____
4. OTHER FEE(\$)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): Extension for response within second month						225.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 50,269	Telephone 410-631-6300
Name (Print/Type)	Hansjorg Sauer	Date April 11, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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APR 11 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

WU *et al.*

Appl. No. 10/713,566

Filed: Nov. 14, 2003

For: Trisubstituted Carbocyclic Cyclophilin
Binding Compounds and their Use

Art Unit: 1626

Examiner: Desai

Atty. Docket: 3004-A

Reply to Office Action

Commissioner for Patents

Washington, D.C. 20231

Sir:

In response to the Office Action dated January 10, 2005, Applicants submit the following:

Election/Restrictions (37 C.F.R. §§ 1.142, 1.146)

The Examiner's restriction requirement is acknowledged. Applicants elect group V, which encompasses claims 29 - 38, drawn to a method for using a compound, as specified by the Examiner. This election is made without traverse. The Examiner indicated that a further election of a single disclosed species is required. In response, Applicants elect the following species: A method of using compound 42 as disclosed on p. 24 of the specification, comprising: administering a pharmaceutically effective amount of the compound to an animal, wherein the animal is diagnosed with, predisposed to, or suspected of having a neurological disorder.

Petition for Extension of Time and Request (37 C.F.R. § 1.136);**Assertion of Small Entity Status**

Applicants hereby petition for a two-month extension of time under 37 C.F.R. § 1.136(a). The Examiner is authorized to charge the applicable small entity fee of \$225 under 37 C.F.R. § 1.17(a)(2) to Applicants' deposit account no. 502037, referencing docket no. 3004-A. Applicants hereby assert small entity status under 37 C.F.R. § 1.27.

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WU *et al.*
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Applicants hereby request that any concurrent and future reply in this Application be treated as incorporating a petition for extension of time for the appropriate length of time, if necessary for its timely submission, in accordance with 37 C.F.R. § 1.136(a)(3).

Conclusion

Applicants believe that the above reply constitutes a complete response to the Office Action. Applicants further believe that they have adequately provided for any extensions of time or required fees or petitions in order to have this paper considered and/or keep the Application pending. However, if extensions of time or any other fees or petitions are necessary, then applicants hereby petition, under 37 C.F.R. § 1.136(a) or any other rule, and the fees therefor (including fees for net addition of claims or other petition fees) are hereby authorized to be charged to our Deposit Account No. 502037, referencing docket number 3004-A.

If the Examiner believes, for any reason, that personal communication will expedite prosecution of this application, the Examiner is invited to telephone Hans Sauer, agent for Applicants, at (410) 631-6494.

Respectfully submitted,



Hansjorg Sauer (Reg. No. 50,269)

Date: April 11, 2005
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Baltimore, MD 21224
sauerh@guilfordpharm.com